

On the six-month anniversary of health insurance reform, consumers are beginning to be handed back control of their health care with their own 'Bill of Rights,' ending some of insurance companies' most abusive practices – see excerpts from a recent USA Today article below. For the Central Texans that I met with recently at the Austin CureSearch walk to support pediatric Cancer research, this means that no longer can an insurance company drop you if you become ill, no longer can children with pre-existing conditions be turned away, no longer can health insurance giants put caps on your lifetime coverage.

USA TODAY

Health consumers to start feeling effects

By Alison Young

Page: 8A

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Several key consumer protections under the nation's new health law begin taking effect Thursday — six months after its enactment.

Insurers can no longer set a dollar limit on the amount of care they'll provide over a person's lifetime or deny coverage to sick children. Young adults can stay on their parents' health plans until age 26. And consumers get greater rights to appeal insurers' decisions.

"It's really putting in place long overdue consumer protections," Health Secretary Kathleen Sebelius said in an interview with USA TODAY. "It's getting rid of some of the worst rules of the industry that prevented people from getting covered at all or, at a time they needed coverage the most, limited the coverage they had."

Many people, however, will have to wait until Jan. 1 for the changes to help them. That's

because most of the new provisions apply to insurance policies that begin on or after Thursday. Many plans operate on a calendar year, and this fall will begin enrollment for next year.

"It's not like a switch gets flipped and everything gets changed on Sept. 23," said Jennifer Tolbert, an associate director at the Kaiser Family Foundation, a health policy group.

Steve Findlay, a senior health policy analyst at the non-profit watchdog group Consumers Union, said consumers need to focus on the law's benefits, "what it does for them and their loved ones — rather than listen to politically driven criticisms and attempts to undermine the law."

What's changing

USA TODAY's Alison Young looks at key provisions of the new health law starting to take effect Thursday. For more information, go to www.healthcare.gov :

Keeping young adults covered

- **The basics:** Teens and young adults can stay on or be added to their parents' health insurance plan until age 26. They don't need to live with their parents or be financially dependent on them. They can even be married.

Be aware:

- This right to coverage applies to all types of plans that offer dependent coverage. However, in "grandfathered" employer group plans -- policies that existed before the law and haven't changed substantially -- children are not eligible to go on parents' plans if the children have access to coverage through their own workplace.

- **The basics:** Insurers must completely cover a wide range of recommended preventive services -- such as immunizations, mammograms and colonoscopies -- and can no longer charge co-payments, co-insurance or deductibles for them.

Free preventive care

Be aware:

- This applies only to new plans, not to grandfathered plans.
- For plans that had limited preventive services, this benefit may contribute to higher premium costs.
- **The basics:** New rules prevent insurers from denying coverage to children under age 19 with pre-existing medical conditions, such as asthma or cancer.

Coverage for sick children

Be aware:

- Insurers may limit when children are signed up to certain open enrollment periods.
- This does not apply to grandfathered individual plans.
- Similar protections for adults with pre-existing medical conditions won't begin until 2014. In the meantime, adults with medical conditions who have been uninsured for at least six months can purchase coverage through federal high-risk pools created by the health law this summer.
- **The basics:** Insurers no longer can use a mistake or technical error in a consumer's application to cut off their coverage after they get sick.

Protection against canceled coverage

Be aware:

- Consumers are not protected if they make an intentional misrepresentation of important facts or engage in fraud.
- In such cases, the insurer must give at least 30 days notice before the plan can be canceled.
- **The basics:** The amount a plan will pay in a person's lifetime cannot be capped.

No lifetime coverage limits

Be aware:

- This applies to all health plans.
- Insurers must notify people who exceeded their lifetime limits before Sept. 23 that those limits no longer apply.

- For plans that had lower premium costs because of lifetime limits, this benefit may contribute to higher premium costs.
- **The basics:** Insurance companies with annual limits on essential health benefits must provide an increasing amount of coverage. Initially, their annual limit can be no less than \$750,000, rising to \$1.25 million in September 2011 and \$2 million in 2012. Annual limits are prohibited in 2014.

Restrictions on annual coverage limits

Be aware:

- This applies to new individual and group plans, as well as grandfathered group plans.
- It does not apply to grandfathered individual plans.
- It does not apply to "mini-med" plans that provide limited health benefits.
- **The basics:** Consumers have the right to appeal insurers' decisions through their plans' internal review processes, as well as to an independent, third-party reviewer.

Greater consumer appeals rights

Be aware:

- This does not apply to grandfathered plans.
- Most states already have rules allowing some form of external appeal of insurance problems. The level of protection varies greatly, and states have until next summer to meet all federal standards, or the federal government will run the appeals programs in those states.
- Residents of Alabama, Mississippi and Nebraska -- states that lack any external appeals law -- will have access to an interim external review process administered by the federal Office of Personnel Management. Consumers in these states who have questions about an external appeal can call 1-877-549-8152 beginning Sept. 23.